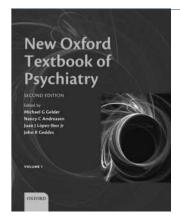
Book review

Edited by Allan Beveridge, Femi Oyebode and Rosalind Ramsay



New Oxford Textbook of Psychiatry (2nd edn)

Edited by Michael Gelder, Nancy Andreasen, Juan Lopez-Ibor and John Geddes. Oxford University Press. 2009. £195.00 (hb). 2208 pp. ISBN: 9780199206698

Anyone sticking their head round the door of a hospital mailroom these days would be forgiven for thinking that the preferred NHS provider is Amazon.com. All kinds of 'signature on delivery' items appear on a daily basis — some of them quite big. I had already trained up the receptionist with a mail order car battery, and then, to extend her knowledge and skills framework, a piano — so she was completely unfazed by the arrival of the 6.8 kg, two-volume package that is the *New Oxford Textbook of Psychiatry*. The book is especially good for descriptive statistical treatments: 2086 pages plus index; 11 sections; 269 articles; 378 authors; 28.5 cm \times 22.5 cm \times 10 cm — all covered with an interesting blue lacquer-like finish that peels off alarmingly on quite minimal contact with water (see below).

This is not really a textbook – it is more of a non-alphabetical encyclopaedia with very few pictures. It is certainly comprehensive, ranging from 'the patient's perspective', through the many scientific disciplines that inform psychiatry, to practical clinical information about almost any psychiatric disorder you can think of. All the subspecialties are represented, even shamanism and social work. Despite all the space to write in, the authors have still had to be selective, and they have done this skilfully, managing to convey a clear enthusiasm for their subjects. For the second edition, many authors were invited to revise their first edition efforts, and some new material has been added.

It must have been a logistical nightmare to put this together: you cannot but admire the editors' skill in delivering such a fine documentary record of the scope of our discipline around the turn of the century. On this point, it is usual when reviewing textbooks to consider the question of the internet ν . print – as the editors do (unsurprisingly plumping for the book) in the preface. The fact is that you could get a lengthy broadband subscription for the same money, and instantly peruse regularly updated, high-quality, peer-reviewed topics (covering a wider range of opinion) in psychiatry and beyond – along with plenty of superior illustrative material. For a companion to psychiatric studies though, I have to say I think the *Shorter Oxford Textbook* with internet extension is probably the better foundation.

Feeling guilty about not having the time and energy to read from cover to cover (I would need a job-planning meeting to negotiate that), I decided to field-test the thing. Trainees rarely consulted it, preferring pocket handbooks (like the excellent and sturdily bound, wipe-clean *Oxford Handbook of Psychiatry*²); undergraduates plagiarised instead stuff they could simply cut and paste for their projects; and academic colleagues were either

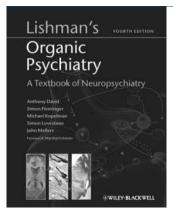
mystified as to why they would ever need a textbook, or were entirely pleased to point out their distinguished contributions to it. I had thought about putting it in the out-patient waiting area so that the clients could evaluate the efforts of their care providers, but (a) they are already using the internet for that; and (b) along with *Hello!*, it would be considered a hospital-acquired infection contamination risk and fire-hazard (no, really).

The lack of portability is a real issue. In the end, though, that is why I discovered the true value of the book. Tired of ferrying it around in the car as if it were a demanding overweight teenager, I had left my review copy in our country place on the estate, where house guests would, as evenings wore on, increasingly trip over it on the way to the malt whisky collection on the sideboard. They started to flip through it. And then they read whole articles, asked questions, started annoying debates, tried to steal it, and so on. Frankly, non-psychiatrists loved it. The book is clearly accessible, well-written and evidently lends itself to casual, serendipitous, lay reading. Thus, this textbook should not be purchased 'for the library' (as is sometimes recommended in a 'damned with faint praise' manner in these pages), but is needed altogether more urgently in the lavatory - to replace elegantly one's ageing stack of The Field magazine. Only the moisture resistance of the cover could be improved.

- 1 Gelder M, Harrison P, Cowen P. Shorter Oxford Textbook of Psychiatry (5th edn). Oxford University Press, 2006.
- 2 Semple D, Smyth R. Oxford Handbook of Psychiatry (2nd edn). Oxford University Press, 2009.

lan Reid Professor of Psychiatry, University of Aberdeen, Cornhill Hospital, Aberdeen AB25 2ZH. UK. Email: i.reid@abdn.ac.uk

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Lishman's Organic Psychiatry: A Textbook of Neuropsychiatry

Edited by Antony David, Simon Fleminger, Michael Kopelman, Simon Lovestone & John Mellers. Wiley-Blackwell. 2009. £120 (hb). 948pp. ISBN: 9781405118606

It is impossible to overstate the influence of Lishman's Organic Psychiatry on British psychiatry. It has evolved through four editions over more than 30 years to become the definitive UK textbook of both neuropsychiatry and organic psychiatry. In many ways, Lishman's viewed as a series forms a wonderful history of 20th-century neuropsychiatry. For example, reopening the first edition reveals an incredible pool of valuable information about seminal studies from the 1950s and 1960s which are nearly impossible to find on medical databases. Yet it is also fascinating to see the gaps in knowledge that existed at that time, for example dementia with Lewy bodies, HIV/AIDS, mitochondrial disorders and channelopathies. Even more fundamentally there has been a subtle evolution of concepts and terminology through the series with decreasing emphasis on personality characteristics associated with neurological disorders and malingering but a burgeoning of supporting evidence from neuroimaging and medical genetics.

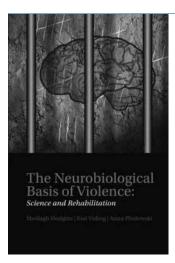
This fourth edition, now labelled as a 'a textbook of neuropsychiatry', has converted Alwyn Lishman's single-author volume into one produced by five editors and 13 authors affiliated with the Maudsley Hospital or the Institute of Psychiatry in London. This approach has increased the book's already impressive breadth and depth of expertise. Most textbooks of this size take on encyclopaedia-like characteristics by allocating each topic to an expert in the field. Lishman's tries to maintain some continuity by allocating only main chapters to individual authors and also using much of the text from the previous edition. That said, many important areas have been completely redeveloped, especially outstanding sections on neuropsychological testing, head injury and dementias. Perhaps surprisingly there are sections on schizophrenia, a feature shared by the American textbooks of neuropsychiatry, but overall the coverage is still very much organic psychiatry, not just psychiatric aspects of neurological disease. This volume could therefore quite appropriately be considered to be 'a textbook of liaison psychiatry' or at the very least have broad appeal to liaison psychiatrists and old age psychiatrists.

My overall impression of the book is that the authors have done a remarkable job of bringing this classic text up to date. The style is quite different to, say, Moore's brilliant *Textbook of Clinical Neuropsychiatry*, less encyclopaedic and more familiar. Although there are inevitably going to be limitations, in general these are fairly minor. I do have a gripe about the illustrations as these continue to be very sparse and plain (although there are 13 colour plates) and more seriously do not always give the correct credit to the original authors or copyright holders. There are also several indexing errors, for example of myasthenia gravis, chronic fatigue syndrome, or alcohol-related dementia. That said we have to look on this new publication as a marker of continued interest in this exciting field and congratulate the new editors and authors for preserving the essence of the original while bringing in much that is new.

1 Moore DP. Textbook of Clinical Neuropsychiatry. Hodder Arnold, 2008.

Alex J. Mitchell Consultant in Liaison Psychiatry, Leicester General Hospital, Liaison Psychiatry Department, Brandon Unit, Gwendolen Road, Leicester LE5 4PW, UK. Email: alex.michell@leicspart.nhs.uk

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The Neurobiological Basis of Violence: Science and Rehabilitation

Edited by Sheilagh Hodgins, Essi Viding & Anna Plodowski. Oxford University Press. 2009. £39.95 (hb). 432pp. ISBN: 9780199543533

A decade ago, the Royal College of Psychiatrists published a report about offenders with personality disorder, which summarised the state of knowledge in the area. It was reviewed by Professor Tony Maden¹ who outlined the reluctance of the psychiatric profession to engage with this difficult group of patients and the paucity of research to guide treatment but hoped that the report pointed the way forward in terms of properly funded research and treatment programmes. What progress has been made in the intervening decade?

The answer is provided by this excellent book, which summarises the latest knowledge about violent offending and how it might be prevented and treated. Indeed it is clear that, as stated in the book, there has been an explosion of knowledge in this area in recent years. This volume seeks to bridge the divide between basic laboratory neuroscience and clinical science, and to highlight some of the key scientific challenges in the field of violent offending. It also deals with the difficulties of translating the scientific findings into policy and treatment strategies.

It is widely accepted that the risk of violence is influenced by a complex interplay of situational and dispositional factors – this book aims to elucidate their neurobiological basis. It discusses the hypothesis that genetic, social and other factors and their interactions contribute to changes in neurobiological structure and function, which in turn influence a developmental cascade of behaviours that eventually lead to violence.

Individuals following a life-course persistent pathway of antisocial behaviour are responsible for 50–70% of violent crime. This early onset and persistent antisocial behaviour has origins in neurodevelopmental deficits that begin very early in life. The differences between childhood onset and adolescence onset of violent behaviour and their implications are outlined. Furthermore, there is a very interesting discussion about children with callous unemotional traits. These theories are taken forward to the treatment implications in later chapters by considering the effectiveness of interventions in the different groups. The developmental perspective then continues into adulthood, with consideration of genetic and imaging studies in antisocial personality disorder and psychopathy.

Although the book is mostly concerned with conduct disorder, antisocial personality disorder and psychopathy, there is a great chapter about schizophrenia. It offers a useful framework for further investigation of causes and effective treatment by suggesting that there are three types of patients with schizophrenia who are violent: those with antisocial behaviour in childhood before illness onset; those who are repeatedly aggressive after the onset of illness; and those with chronic schizophrenia who have no history of violence but then later in their illness engage in serious violence (often homicide).

Another thought-provoking chapter that is directly relevant to clinical practice asks why programmes for offenders with personality disorder are not informed by the relevant findings. It puts forward the current evidence for treatment programmes in the criminal justice system and suggests they can be enhanced by consideration of the characteristics of antisocial personality disorder.

The book is aimed at neuroscientists, criminologists, psychologists and psychiatrists. There are good explanations throughout, making it accessible to multiple professions. My only criticism is that there is a degree of repetition between some of the chapters but this does serve to emphasise the important points and allows chapters to be easily read in isolation if needed.

This book will already be essential reading for all researchers in forensic mental health. It should also be read by clinicians who are involved in assessing and managing patients who present with a risk of violent behaviour. Importantly, I hope it is read by policy-makers in the criminal justice system and the health service.